



QUALIFICATION IN LABORATORY SAFETY (QLS) EXPERIENCE DOCUMENTATION FORM

PART I (To be completed by Applicant)

Applicant's Name

Last Four Digits of Applicant's Social Security #

Address

E-mail Address

() Daytime Telephone Number

PART II (MUST be completed and signed by the Immediate Supervisor or Laboratory Management* in order to be acceptable)

SUBJECT: Verification of Experience for Examination Eligibility

This individual, identified above, has applied for the Board of Certification Qualification in Laboratory Safety examination. In order to establish this applicant's eligibility for qualification, the following information is necessary:

1. Please complete: EMPLOYMENT (including on-the-job training)

Date laboratory safety responsibility commenced: Month Day Year

Date laboratory safety responsibility ended (if applicable): Month Day Year

2. Directions: Please review the experience of this applicant to determine that he/she has performed Laboratory Safety procedures in the areas listed below. Please place an X next to the areas in which the applicant has adequate experience. NOTE: Experience is required in at least four (4) of the following eight (8) areas:

- Biohazard Control (e.g., bloodborne pathogens, infection control)
Chemical safety
Ergonomics
First aid
Fire safety
Physical Environment (e.g., electrical, equipment, spills, waste management, emergency preparedness, shipping)
Safety Management (e.g., risk assessment, monitoring, safety committee)
Training and education

3. By signing this form, I as the Immediate Supervisor or Laboratory Management* verify that this applicant has performed satisfactorily in the areas of Laboratory Safety checked on this form.

(Please Print) IMMEDIATE SUPERVISOR OR LABORATORY MANAGEMENT* NAME & CERTIFICATION(S)

TITLE

IMMEDIATE SUPERVISOR OR LABORATORY MANAGEMENT* SIGNATURE

DATE

TELEPHONE NUMBER

E-MAIL ADDRESS

INSTITUTION

CITY STATE ZIP CODE

BE SURE TO INCLUDE A LETTER OF AUTHENTICITY FROM YOUR IMMEDIATE SUPERVISOR OR LABORATORY MANAGEMENT* WITH THIS EXPERIENCE DOCUMENTATION FORM. THE LETTER OF AUTHENTICITY MUST BE PRINTED ON ORIGINAL LETTERHEAD. IT MUST STATE THAT THE EXPERIENCE DOCUMENTATION FORM WAS COMPLETED, SIGNED AND DATED BY YOUR IMMEDIATE SUPERVISOR OR LABORATORY MANAGEMENT*.

*Management is defined as someone in a management role who can verify technical experience.